Department of Labor Office of Labor-Management Standards Washington, DC 20210

Por Whide Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

1. File Number U - Deliver State	READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.			
3. Name and address of person filing. Name RICHARD MHERNANDE? 4. Name, file number, and address of labor organization. Name SHOPMENIS Local Union No. Spg Labor Organization File Number DIS-SQD P.O. Box, Bidg., Room No., If any PD BOX 30 6 Street 13830 SAN ANDINIO DRIVE City NORWALK State CA 2IP Code +4 9005-0380 Street 3830 SAN ANDINIO DR Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 7. A. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street Trade Name, if any: P.O. Box, Bidg., Room No., if any Street Trade Name, if any: P.O. Box, Bidg., Room No., if any Street Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any economents), has been examined by the signatory and is, to the best of the	E QUEST DEOF			
3. Name and address of person filing. Name RICHARD MHERNANDE? A. Name, file number, and address of labor organization. Name RICHARD MHERNANDE? P.O. Box, Bidg., Room No., If any PO SOX 30 G Street 3830 SAN ANTONIO DRIVE City NDRWALK State CA ZIP Code +4 90051-0380 Street [3830 SAN ANTONIO DRIVE] City NDRWALK State CA ZIP Code +4 90051-0380 State CA ZIP Code +4 90051-0380 A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 7. A. Name and address of Employer (including trade name, if any). Name Trinde Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code +4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the Information submitted in this report (including the information contained in any economents), has been examined by the signatory and is, to the best of the submitted in this report (including the information contained in any economents), has been examined by the signatory and is, to the best of the	1. File Number U . 3486	2. Fiscal Year Covered From:		
Name RICHARD M HERNANDET Name RICHARD M HERNANDET Name SHOPMENS Locat UNIN NO. S09 Labor Organization File Number DIS-540 P.O. Box, Bidg., Room No., If any PO BOX 306 Street [3830 SAN ANTONIO DRIVE City NORWALK State CA ZIP Code +4 9051-0360 5. Position in labor organization. Lenter appropriate data below If, during the past fiscal year, you or your apouse or minor child directly or indirectly had any of the following interests (except as specified in the excitations set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name 7.B. Amount. 7.B. Amount. Signature 15. Signature and verification. The undersigned declars, under peally of Perjury and other applicable penalties of the law, that all of the information submitted in his report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the submitted in his report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the submitted in this report (including the information contained in any accompanying and contents).		1 / 1 / 2004 Through: 12 / 31 / 2004		
Labor Organization File Number D S-540	Name and address of person filing.	Name, file number, and address of labor organization.		
P.O. Box, Bidg., Room No., if any PO BOX 306 Street T3830 SAN ANTONIO DRIVE City NORWALK State CA ZIP Code +4 TOWNIO-0386 5. Position in labor organization. Enter appropriate data below if, during the past fiscal year, you or your apouse or minor child directly or indirectly had any of the following interests (except as appelfied in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any 7.b. Amount. Street T3830 SAN ANTONIO DR City NORWALK State CA ZIP Code +4 TOWNIO-10366 Street T3830 SAN ANTONIO DR City NORWALK State CA ZIP Code +4 TOWNIO-10366 Street T3830 SAN ANTONIO DR City NORWALK State CA ZIP Code +4 TOWNIO-10366 Street T3830 SAN ANTONIO DR City NORWALK State CA ZIP Code +4 TOWNIO-10366 Street T3830 SAN ANTONIO DR City NORWALK State CA ZIP Code +4 TOWNIO-10366 Townio-10366 Street T3830 SAN ANTONIO DR City NORWALK State CA ZIP Code +4 TOWNIO-10366 Town	Name RICHARD M HERNANDEZ	Name SHOPMEN'S LOCAT UNION NO. 509		
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State CA ZIP Code +4 TOUS - 336 State CA ZIP CODE - 336 State	Street 13830 SAN ANTONIO DRIVE	Street 13830 SAN ANTONIO DR		
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	submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the			
Signed Richard In Harrandes On 7-8-05 (562) 868-9883 Date Telephone Number	Signed Richard m. Hernandes	Parties and the second		

Name of Person Filing RICHARD HERNANDET	2	File Number U- 346		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name SHOPMENS IRDNWORKES TRUST FUNDS Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite ISO Street 4399 SANTA ANITA AVE. City EL MONTE State CA ZIP Code +4 91102-2590	9. Business deals with; a. Labor Organizat b. Trust c. Employer	ion		
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	HAVE collective B LOCAL SO9 — 1 11.b. Approximate dollar valu 12.a. Nature of interest held ADVANCE ON Remil International Founda — \$ a, 500 or TRUSTEE ON TRUS	tions from Employers who arbaining contracts with approx. \$ 4,700,000 e of such dealing. \$4,700,000 to or income received. BURSABLE expences to attend attend attend Annual Benefits Conference		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg Room No., if any Street City State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			